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CITY OF NOVATO

CALIFORNIA FORM 700FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT**STATEMENT OF ECONOMIC INTERESTS**RECEIVED
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

Please type or print in ink.

NAME OF FILER

(LAST)

2013 APR 12 PM 12:34

(FIRST)

(MIDDLE)

EKLUND

PATRICIA (Pat)

D.

1. Office, Agency, or Court

Agency Name

City of Novato

Division, Board, Department, District, if applicable

Your Position

City Council

Mayor

► If filing for multiple positions, list below or on an attachment.

Agency: see attached sheet

Position: see attached sheet

2. Jurisdiction of Office (Check at least one box)☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☒ Multi-County see attached sheet☐ County of☒ City of NOVATO☐ Other**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.☐ **Leaving Office:** Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.☐ **Assuming Office:** Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 5☐ **Schedule A-1 - Investments** – schedule attached☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached☒ **Schedule A-2 - Investments** – schedule attached☐ **Schedule D - Income – Gifts** – schedule attached☒ **Schedule B - Real Property** – schedule attached☒ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

02/07/2013

(month, day, year)

ATTACHMENT TO FORM 700 – STATEMENT OF ECONOMIC INTEREST
Mayor Pro Tem – January 1, 2012 through December 31, 2012

PAT EKLUND – Mayor Pro Tem, City of Novato

EXPANDED STATEMENT

AGENCY

POSITION

**Novato Public Finance Authority
c/o City of Novato
75 Rowland Way, #200
Novato, CA 94945**

Agency Member

**Transportation Authority of Marin
750 Lindero Street, Suite 200
San Rafael, CA 94901**

Alternate Board Member

**Association of Bay Area Governments
101 Eighth Street
Oakland, CA 94607**

**Executive Board and
Regional Planning
Committee Member**

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name PAT EKLUND

► 1. BUSINESS ENTITY OR TRUST

Patricia D. Eklund, Trustee

Name

36 White Oak Way Novato, CA 94949

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/12 ____/____/12
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☒ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None
J.C. Barzgar

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☒ REAL PROPERTY

952 Arlene Way

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Novato, CA 94947

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/12 ____/____/12
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

► 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

- ☐ \$0 - \$1,999
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/12 ____/____/12
ACQUIRED DISPOSED

NATURE OF INVESTMENT

☐ Partnership ☐ Sole Proprietorship ☐ Other

YOUR BUSINESS POSITION _____

► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

- ☐ \$0 - \$499 ☐ \$10,001 - \$100,000
☐ \$500 - \$1,000 ☐ OVER \$100,000
☐ \$1,001 - \$10,000

► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

☐ None

► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/12 ____/____/12
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
Pat Eklund

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

952 Arlene Way

CITY

Novato, CA 94947

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 12 / / 12
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ Other
Yrs. remaining Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None
J.C. Barzgar

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

 / / 12 / / 12
ACQUIRED DISPOSED

NATURE OF INTEREST

- ☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold ☐ Other
Yrs. remaining Yrs. remaining

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

☐ None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

Fremont Bank

ADDRESS (Business Address Acceptable)

39150 Fremont Blvd. Fremont, CA 94538

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

3.8% % ☐ None

TERM (Months/Years)

30 years

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☒ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

_____ % ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: _____

SCHEDULE E

Income – Gifts

Travel Payments, Advances, and Reimbursements

Name
Pat Eklund

- You must mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

► NAME OF SOURCE (Not an Acronym)
League of CA Cities

ADDRESS (Business Address Acceptable)
1400 K Street

CITY AND STATE
Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Advocacy for cities and their residents

DATE(S): 01/01/12 - 12/31/12 AMT: \$ 1027.60
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Travel, meals and lodging for volunteer services as Member
of Board of Directors & Environmental Quality Policy Comm.

► NAME OF SOURCE (Not an Acronym)
Association of Bay Area Governments

ADDRESS (Business Address Acceptable)
101 Eighth Street

CITY AND STATE
Oakland, CA 94607

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)
Advocacy & Planning for cities & their residents

DATE(S): 01/01/12 - 12/31/12 AMT: \$ 1950.00
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☒ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description
Travel & meals for volunteer services as Member of
Executive Board and Regional Planning Committee

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____